

## COUNSELING DEPARTMENT

## Dismissal Appeal Form

Deadline: Monday, January 13, 2020, 7:00pm (for Spring 2020)

(Please type or print legibly)

Name:		
Last name	First Name	Middle
Student ID Number:	Contact Phone:	
Mt. SAC Email:	@student.mtsac.edu	
•	ACCESS (formerly Disabled Study ACCESS counselors? (optional)	dent Programs and Services-DSPS), would yo
[ ] Yes [ ] No	[ ] I do not receive ser	rvices through ACCESS
Educational Goal (Check all the	nat apply <b>)</b> :	
Major:	[ ] Cert	tificate [ ] Associate [ ] Transfer
Required Materials to App	<b><u>Deal</u></b> : (Please initial by each item)	
✓Dismissal App	eal Form	
academic success (e.g.,	see a counselor, seek tutoring, redu	dy made and/or plan to make to ensure you use work hours, etc.).  e Student Tab of your portal (Student Self-
your statement. This documentation must	information will be used to det have your name, ID number, an	documents that provide evidence to supportermine the appeal decision. All supportire nd signature. Please do not attach origin eturned to you. All information submitted
Signature:	Da	ate:
For Counselor Use only		
<b>*</b>		
<b>ENIED</b> : Reason(s) for Denial/Co.	mments:	
	Cleared in Banner □Comment in SPAC	Counselor Initials:



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(Please type or print legibly)

- Your appeal will not be reviewed if any of the required materials are missing.
- You will be notified of the appeal decision via email after 12 pm on Wednesday, January 15, 2020.
- If your appeal is approved, you <u>MUST</u> attend a Reinstatement Workshop. You cannot register for classes until you attend the workshop. Please call or visit the Counselor Center to schedule the Reinstatement Workshop.

Mt. SAC Counseling Center Student Services Center, 2<sup>nd</sup> Floor, Bldg. 9B (909) 274-5680